### APPLICATION FOR BARBER OR BARBER STYLIST LICENSURE

#### INSTRUCTIONS

All requested information must be provided and all questions must be answered. Failure to complete the application will result in its return to you.

If you are applying for licensure by examination, your application must include the examination fee, and the original license fee. If you did not receive your training in Idaho, you must also attach acceptable proof of birth. and acceptable proof of a minimum 10<sup>th</sup> grade education or it's equivalent. DO NOT ATTACH YOUR FINAL RECORD OF INSTRUCTION TO THIS APPLICATION. The Bureau of Occupational Licenses must receive your final record of instruction and certificate of graduation, directly from the school that provided your training, before your application will be processed.

If you are applying for licensure by endorsement you must hold a current license issued by the licensing authority of another state, country, etc. Your application must include the endorsement fee, the original license fee, acceptable proof of birth, and proof of having completed 2 years of high school or its equivalent. The Bureau of Occupational Licenses must receive certification of your licensure, directly from the licensing agency that issued your license, before your application will be processed. You must also submit proof of a minimum 10<sup>th</sup> grade education or it's equivalent. To qualify for endorsement licensure, one of the following must apply:

1. The licensure requirements for the state in which the license was is sued are substantially equivalent to Idaho's requirements (Certification of your licensure must include an itemized record of instruction that shows the total hours of instruction, and the areas in which instruction was received during training);

OR

2. You have been licensed in any state for at least three years immediately prior to making application in Idaho.

If neither 1 or 2 above applies, you must meet the requirements for licensure by examination.

**NOTE:** You must request certification of your licensure from the entity that issued your license. You must also request that the certification be mailed directly to the Bureau of Occupational Licenses at the address below. All endorsement applicants must successfully pass the Idaho Jurisprudence examination.

ENDORSEMENT APPLICATION FEE \$ 80.00 EXAMINATION FEE \$ 75.00 BARBER LICENSE \$ 30.00

## A.D.A. NOTICE

In compliance with the Americans with Disabilities Act, please attach a letter specifically identifying your disability and any special accommodations that may be required to meet your special needs. Your request for special consideration must be accompanied by medical documentation identifying your disability and justification for the special accommodations being requested.

If you have questions regarding this application or the requirements for licensure, please write:

BOARD OF BARBER EXAMINERS BUREAU OF OCCUPATIONAL LICENSES 1109 Main Street, Suite 220 Boise, Idaho 83702-5642 VOICE (208) 334-3233 FAX (208) 334-3945

E-MAIL mlondon@ibol.state.id.us

# STATE OF IDAHO BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220 Boise, Idaho 83702-5642

## APPLICATION FOR BARBER OR BARBER STYLIST LICENSURE

(see instructions)

Please complete this form by providing the requested information (please print) and the required fees. Your signature must be notarized and any supporting documentation must be attached. Submit the completed form to the address noted.

NOTE: ANY PRACTICE PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE.

I hereby subm	nit my qualifications and i			-	-	k applicable	box)
in the State of	I I Idaho under the provisio	<b>Barber</b> ons of Title 54		] Barber Stylis to Code as amende			
1. Full Nam	<b>e</b> (Mr., Mrs., or Ms.)						
2. Mailing a							
3. Place of Bi		treet		City Date of B	irth	<b>State</b> //	Zip
4. Social Secu	urity No	Home	e phone number	. ()		ail	year 
	ve at least a tenth (10 <sup>th</sup> ) receive your training in Idal is acceptable.)				our high scho		Yes [] No ranscript,
• •	graduated from a cours documentation of graduation		•	•	*		
(If Yes, a detail	ever been convicted of an ed statement, including a su information must be attached	ummary of the		order, any probation	or parole do	[ ]] cumentation	
(If Yes, certification)	censed in any state to praction of licensure must be refront fyour license, and complet	eceived directly	y from the licensin	g authority before y	our applicati		ocessed.
	ever had a license, or re					[ ] <b>Y</b> processed.)	es []No
general public a attached to this completed the r and Rules goven Bureau of Occu statements, or d	that I am the person named and that I am of good moral application is true and accu- required training program ar- rning the practice of barber apational Licenses or it's ide disclosures, whether public, pearing on my eligibility for	character and irate to the besind have been ding. I hereby a entified agent a privileged or c	temperate habits. It of my knowledge uly graduated and authorize and directory and all informa	I swear or affirm the e and belief. I furthe that I have received t any person, agency tion, communication	at the informater certify that and will con y, firm, or others recommen	ation provide I have succe ply with the ner entity to r ndations, repo	d on and ssfully Idaho Laws elease to the orts, records,
		<u></u>					
State of Subscribed and	, County of sworn before me this		nature of applicant , ss.				
(	(seal)						
			ary Public official ding at				

my commission expires\_

# APPLICATION FOR LICENSURE

## ADDENDUM

A. CHARACTER REFERENCES: Please provide the	e names and addresses of th	ree character references below.
3. WORK EXPERIENCE: List your work experience oractice.	e including employers nam	es, addresses, phone numbers and date
NAME OF SHOP	EMPLOYERS NAME	
ADDRESS of SHOP		PHONE NO.
DATES of PRACTICE	ТО	
NAME OF SHOP	EMPLOYERS NAME	
ADDRESS of SHOP		PHONE NO.
DATES of PRACTICE	ТО	
NAME OF SHOP	EMPLOYERS NAME	
ADDRESS of SHOP		PHONE NO.
DATES of PRACTICE	то	
f more space is needed, attach a separate sheet of pape	er	
C. PHOTOGRAPH: Attach 1 passport photograph of the last six months below.	f yourself taken within	
		HEIGHT
		WEIGHT
ATTACH PHOTOGRAPHS HERE		EYE COLOR
		HAIR COLOR
	ОТН	ER DISTINGUISHING FEATURES